

MHN

| | | | | | |
|--|--|-------------------------------------|-----------------------------------|---|--|
| IN UNITED STATES | | <input type="checkbox"/> MAGISTRATE | <input type="checkbox"/> DISTRICT | <input type="checkbox"/> APPEALS COURT or | <input type="checkbox"/> OTHER PANEL (Specify below) |
| IN THE CASE OF USA v.s. Rodriguez-Ceyna | | | | | |
| | | FOR | | LOCATION NUMBER | |
| | | AT | | | |
| FILED | | | | | |
| 3-11-2008 | | | | | |
| MAR 11 2008 | | | | | |
| MICHAEL W. DOBBINS CLERK U. S. DISTRICT COURT | | | | | |
| CHARGE/OFFENSE (describe if applicable & check box) → <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | | | | | |
| PERSON REPRESENTED (Show your full name) Rodriguez-Ceyna | | | | | |
| DOCKET NUMBERS Magistrate 08 CR 131 District Court 08 CR 131 Court of Appeals | | | | | |

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

| | | | | |
|---------------------|---|--|---|----------------------------|
| EMPLOY- MENT | Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed | | | |
| | Name and address of employer: _____ | | | |
| | IF YES, how much do you earn per month? \$ _____ | | | |
| | IF NO, give month and year of last employment How much did you earn per month? \$ _____ | | | |
| | If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ | | | |
| ASSETS | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | OTHER INCOME IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____ | | | |
| CASH | Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____ | | | |
| | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| PROP- ERTY | IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE _____ DESCRIPTION _____ | | | |
| | DEPENDENTS DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) | | | |
| OBLIGATIONS & DEBTS | MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED | Total No. of Dependents _____ | List persons you actually support and your relationship to them | |
| | APARTMENT OR HOME: _____ | Creditors _____ | Total Debt \$ _____ | Monthly Paymt. \$ _____ |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

03-11-08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

X Mario Rodriguez